Joint Commission on Accreditation of Healthcare Organizations

Proposed Revisions to Joint Commission Ambulatory Care Standards in Support of Patient Safety and Medical/Health Care Error Reduction

(Note that new language appears underlined.)

Introduction to Patient Safety and Medical/Health Care Errors[1] Reduction Standards

Standards throughout this manual are designed to improve patient safety and reduce risk to patients. Recognizing that effective medical/health care error reduction requires an integrated and coordinated approach, the following standards relate specifically to leadership's role in an organization wide safety program that includes all activities within the organization which contribute to the maintenance and improvement of patient safety, such as performance improvement, environmental safety, and risk management. The standards do not require the creation of new structures or "offices" within the organization; rather, the standards emphasize the need to integrate all patient-safety activities, both existing and newly created, with an identified locus of accountability within the organization's leadership.

Although the standards focus on patient safety, it would be difficult to create an organization wide safety initiative that excludes staff and visitors. Furthermore, many of the activities taken to improve patient safety (e.g., security, equipment safety, infection control) encompass staff and visitors as well as patients.

Effective reduction of medical/health care errors and other factors that contribute to unintended adverse patient outcomes in a health care organization requires an environment in which patients, their families, and organization staff and leaders can identify and manage actual and potential risks to patient safety. This environment encourages recognition and acknowledgment of risks to patient safety and medical/health care errors; the initiation of actions to reduce these risks; the internal reporting of what has been found and the actions taken; a focus on processes and systems; and minimization of individual blame or retribution for involvement in a medical/health care error. It encourages organizational learning about medical/health care errors and supports the sharing of that knowledge to effect behavioral changes in itself and other health care organizations to improve patient safety. The leaders of the organization are responsible for fostering such an environment through their personal example and by establishing mechanisms that support effective responses to actual

occurrences; ongoing proactive reduction in medical/health care errors; and integration of patient safety priorities into the new design and redesign of all relevant organization processes, functions, and services.

Leadership

LD.5 The leaders ensure implementation of an integrated patient safety program throughout the organization.

Intent of LD.5

1. The patient safety program includes designation of one or more qualified individuals or an interdisciplinary group to manage the organization wide patient safety program. Typically these individuals may include directors of performance improvement, safety officers, risk managers, and clinical leaders.
2. The patient safety program includes a definition of the scope of the program activities, that is, the types of occurrences to be addressed-typically ranging from "no harm" frequently occurring "slips" to sentinel events with serious adverse outcomes.
3. The patient safety program includes a description of mechanisms to ensure that all components of the health care organization are integrated into and participate in the organization wide program.
4. The patient safety program includes procedures for immediate response to medical/health care errors, including care of the affected patient(s), containment of risk to others, and preservation of factual information for subsequent analysis.
5. The patient safety program includes clear systems for internal and external reporting of information relating to medical/health care errors.
6. The patient safety program includes defined mechanisms for responding to the various types of occurrences, e.g., root cause analysis in response to a sentinel event, or for conducting proactive risk reduction activities.
7. The patient safety program includes defined mechanisms for support of staff who have been involved in a sentinel event.
8. The patient safety program includes at least annually, a report to the governing body on the occurrence of medical/health care errors and actions taken to improve patient safety, both in response to actual occurrences and proactively.

Standard
LD.5.1 Leaders ensure that the processes for identifying and managing sentinel events[2] are defined and implemented. (was LD.4.3.2)

Intent of LD.5.1
When a sentinel event occurs in an ambulatory care organization, it is necessary that appropriate individuals within the organization be aware of the event, investigate and understand the causes that underlie the event, and make changes in the organization's systems and processes to reduce the probability of such an event in the future. The leaders are responsible for establishing processes for the identification, reporting, analysis, and prevention of sentinel

events and for ensuring the consistent and effective implementation of a mechanism to accomplish these activities.

1. A definition of sentinel event *and near misses*[3], that is approved by the leaders, and communicated throughout the organization is determined.
2. A process for the reporting of sentinel events through established channels within the organization and to external agencies in accordance with law and regulation is created.
3. A process for conducting thorough root cause analyses that focus on process and system factors is created.
4. A risk reduction strategy and action plan that includes measurement of the effectiveness of process and system improvements to reduce risk is documented.

Standard

LD.5.2 Leaders ensure that an ongoing, proactive program for identifying risks to patient safety and reducing medical/health care errors is defined and implemented.

Intent of LD.5.2

The organization seeks to reduce the risk of sentinel events and medical/health care system error-related occurrences by conducting its own proactive risk assessment activities and by using available information about sentinel events known to occur in health care organizations that provide similar care and services. This effort is undertaken so that processes, functions, and services can be designed or redesigned to prevent such occurrences in the organization.

Proactive identification and management of potential risks to patient safety have the obvious advantage of *preventing* adverse occurrences, rather than simply reacting when they occur. This approach also avoids the barriers to understanding created by hindsight bias and the fear of disclosure, embarrassment, blame, and punishment that can arise in the wake of an actual event.

1. Leaders provide direction and resources to select at least one high-risk process for proactive risk assessment at least annually. Such selection is to be based, in part, on information published periodically by the Joint Commission that identifies the most frequently occurring types of sentinel events and patient safety risk factors.
2. Leaders provide direction and resources to assess the intended and actual implementation of the process to identify the steps in the process where there is, or may be, undesirable variation (i.e., what engineers call potential "failure modes").
3. For each identified "failure mode," leaders provide direction and resources to identify the possible effects on patients (what engineers call the "effect"), and how serious the possible effect on the patient could be (what engineers call the "criticality" of the effect).
4. For the most critical effects, leaders provide direction and resources to conduct a root cause analysis to determine why the variation (the failure mode) leading to that effect may occur.

5. Leaders provide direction and resources to redesign the process and/or underlying systems to minimize the risk of that failure mode or to protect patients from the effects of that failure mode.
6. Leaders provide direction and resources to test and implement the redesigned process.
7. Leaders provide direction and resources to identify and implement measures of the effectiveness of the redesigned process.
8. Leaders provide direction and resources to implement a strategy for maintaining the effectiveness of the redesigned process over time.

Standard
LD.5.3 *Leaders ensure that patient safety issues are given a high priority and addressed when processes, functions, or services are designed or redesigned.*

Intent of LD.5.3

1. When processes, functions, or services are designed or redesigned, information from within the organization and from other organizations about potential risks to patient safety, including the occurrence of sentinel events, is considered.
2. When processes, functions, or services are designed or redesigned, information from within the organization and from other organizations about potential risks to patient safety, including the occurrence of sentinel events, is used to minimize the risk to patients affected by the new or redesigned process, function, or services, where appropriate.

Standard
LD.1.4 The planning process provides for setting performance improvement priorities and identifies how the organization adjusts priorities in response to unusual or urgent events.

Intent of LD.1.4
Planning provides a framework for identifying performance improvement priorities. The framework emphasizes processes that

- affect a large percentage of patients;
- place patients at risk if performed improperly or unnecessarily, or if not performed when indicated; and
- are problem prone.

Priority setting is sensitive to emerging needs, such as changing regulatory requirements, significant patient and staff needs, changes in the environment of care, changes in the community, ~~and~~ other needs identified through data collection and assessment activities, and unanticipated adverse occurrences affecting patients.

Standard
LD.1.7 The leaders and appropriate staff representatives participate in decision-making structures and processes.

Intent of LD.1.7
The leaders and directors of appropriate services collaborate on

- developing organization wide programs, policies, and procedures for assessing and meeting patients' care needs;
- developing and implementing the plan for providing patient care;
- implementing a program to continuously measure, assess, and improve performance and improve patient safety; and
- developing other decision-making processes and structures.

Standard
LD.3.1 The leaders provide for communication and coordination.

Intent of LD.3.1
To coordinate and integrate patient care and to improve patient safety, the leaders develop a culture that emphasizes cooperation and communication. An open communication system facilitates an interdisciplinary approach to providing patient care. The leaders develop methods for promoting communication among services, individual staff members, and less formal structures.

Standard
LD.4.3.2 The leaders provide for mechanisms to measure, analyze, and manage variation in the performance of defined processes that affect patient safety.

Intent of LD.4.3.2
Inconsistency in the performance of processes, as intended by their design and described in organization policies and procedures, frequently leads to unanticipated and undesirable results. In order to minimize risk to patients due to such variation, the leaders ensure that the actual performance of processes identified as error-prone or high-risk regarding patient safety is measured and analyzed, and when significant variation is identified, appropriate corrective actions are taken to enhance the system(s).

At any given time, the performance of critical steps in at least one high-risk process is the subject of ongoing measurement and periodic analysis to determine the degree of variation from intended performance.

Standards
LD.4.4 The leaders assign adequate resources, including personnel, to performance improvement activities and activities to improve patient safety.

LD.4.4.1 The leaders provide adequate time for personnel to participate in performance improvement activities and activities to improve patient safety.

LD.4.4.2 The leaders provide information systems and data management processes for ongoing performance improvement activities and improvement of patient safety.

LD.4.4.3 The leaders provide staff training in approaches to and methods of performance improvement and improvement of patient safety.

LD.4.4.4 The leaders assess the adequacy of their allocations of human, information, physical, and financial resources in support of their identified performance improvement and safety improvement priorities.

Intent of LD.4.4 through LD.4.4.4
The following resources are devoted to pursuing improvement priorities and risk reduction priorities:

- Sufficient, appropriate personnel;
- Adequate time;
- Sufficient information; and
- Technical assistance.

Each organization determines what comprises sufficient resources for its particular improvement efforts, including activities to improve patient safety. Although efficiency may be improved by computerization and other technologies, the principles of good information management apply to all methods. These standards are designed to be equally compatible with noncomputerized systems and future technologies.

Standard
LD.4.5 The leaders measure and assess their effectiveness in improving performance and improving patient safety.

Intent of LD.4.5
The leaders

- set measurable objectives for improving organization performance and improving patient safety;
- gather information to assess their effectiveness in improving organization performance and in improving patient safety;
- use pre-established, objective process criteria to assess their effectiveness in improving organization performance and in improving patient safety;
- draw conclusions based on their findings and develop and implement improvement in their activities; and
- evaluate their performance to support sustained improvement.

Patient Rights

Standard
RI.1.2.3 Patients and, when appropriate, their families are informed about the outcomes of care, including unanticipated outcomes.

Intent of RI.1.2.3
The responsible licensed independent practitioner or his or her designee clearly explains the outcome of any treatments or procedures to the patient and, when appropriate, the family, whenever those outcomes differ significantly from the anticipated outcomes.

Improving Organization Performance

Standard
PI.2 New or modified processes are designed well.

Intent of PI.2
When processes, functions, or services are designed well, they draw on a variety of information sources. Good process design

a. is consistent with the organization's mission, vision, values, goals and objectives, and plans;
b. meets the needs of patients, staff, and others;
c. is clinically sound and current (for instance, use of practice guidelines, information from relevant literature, and clinical standards);
d. is consistent with sound business practices;
e. incorporates available information from within the organization and from other organizations about potential risks to patients, including the occurrence of sentinel events in order to minimize risks to patients affected by the new or redesigned process, function, or service ~~reduce the risk of similar sentinel events~~; and
f. includes analysis and/or pilot testing to determine whether the proposed design/redesign is an improvement; and
g. incorporates the results of performance improvement activities.

The organization incorporates information related to these elements, when available and relevant, in the design or redesign of processes, functions, or services.

Standard
PI.3.1 The organization collects data to monitor its performance.

Intent of PI.3.1
Performance monitoring and improvement are data driven. The stability of important processes can provide the organization with information about its performance. Every organization must choose which processes and outcomes (and thus types of data) are important to monitor based on its mission and the scope of care and services provided. The leaders prioritize data collection based on the organization's mission, care and services provided, and populations served (see LD.4.2 for priority setting). Data that the organization considers for collection to monitor performance include the following:

- Performance measures related to accreditation and other requirements;
- Risk management;
- Utilization management;
- Quality control;
- Efficacy of services provided through contract or written agreement.
- Staff opinions and needs as well as perceptions of risks to patients and suggestions for improving patient safety;
- Staff willingness to report medical/health errors;
- Behavior management procedures, if used;

- Outcomes of processes or services;
- Performance measures from acceptable databases;
- Patient demographics and diagnoses;
- Financial data;
- Infection-control surveillance data and reporting;
- Research data;
- Performance data identified in various chapters of the 2002-2003 CAMAC; and
- The appropriateness and effectiveness of pain management.

Data are required to be collected on the needs, expectations, and satisfaction of individuals and organizations served. Patients and family members can provide information to give an organization insight about process design and functioning. The organization asks them about

- their specific needs and expectations;
- their perceptions of how well the organization meets these needs and expectations; ~~and~~
- how the organization can improve; and
- how the organization can improve patient safety.

The organization can use a number of ways to get input from these groups including satisfaction surveys, regularly scheduled meetings held with these groups, and focus groups.

The detail and frequency of data collection are determined as appropriate for monitoring ongoing performance. Data are collected at the frequency and with the detail identified by the organization. When possible, data collection is incorporated into day-to-day activities rather than as a separate activity.

Standard
PI.4.3 Undesirable patterns or trends in performance and sentinel events are intensively analyzed.

Intent of PI.4.3
When the organization detects or suspects significant undesirable performance or variation, it initiates intense analysis to determine where best to focus changes for improvement. The organization initiates intense analysis when the comparisons show that

- levels of performance, patterns, or trends vary significantly and undesirably from those expected;
- performance varies significantly and undesirably from that of other organizations;
- performance varies significantly and undesirably from recognized standards; or
- a sentinel event occurs.

When monitoring performance of specific clinical processes, certain events always elicit intense analysis. Based on the scope of care or services provided, intense analysis is performed for the following:

- Confirmed transfusion reactions;
- Significant adverse drug reactions;
- Significant medication errors
- Hazardous conditions[4];
- Major discrepancies, or patterns of discrepancies, between preoperative and postoperative (including pathologic) diagnoses, including those identified during the pathologic review of specimens removed during surgical or invasive procedures; and
- Significant adverse events associated with anesthesia use.

Intense analysis should also occur for those topics chosen by the leaders as performance- improvement priorities and priorities for proactive reduction in patient risk (see LD.1.4 and LD.5.2) or when undesirable variation occurs which changes the priorities. Intense analysis involves studying a process to learn in greater detail about how it is performed or how it operates, how it can malfunction, and how errors occur.

A root cause analysis is performed for a sentinel event occurrence.

Standard
PI.4.4 The organization identifies changes that will lead to improved performance and improve patient safety ~~reduce the risk of sentinel events~~.

Intent of PI.4.4
The organization uses the information from the data analysis to identify system changes that will improve performance or improve patient safety ~~reduce the risk of sentinel events~~. Changes are identified based on the analysis of data from targeted study or from analysis of data from ongoing monitoring. A change is selected, and the organization plans to implement the change on a pilot test basis or across the organization. Performance measures are selected that help determine the effectiveness of the change and whether it resulted in an improvement once the change is implemented (see PI.3.1.1, PI.3.1.2, and PI.3.1.3).

Education

PF.3.7 Education includes information about the patient's responsibilities in his or her care.

Intent of PF.3.7
The safety of health care delivery is enhanced by the involvement of the patient, as appropriate to his/her condition, as a partner in the health care process. In addition, organizations are entitled to reasonable and responsible behavior on the part of the patients and their families. The organization identifies patient and family responsibilities and educates them about these responsibilities. Specific

attention is directed at educating patients and families about their role in helping to facilitate the safe delivery of care.

Responsibilities include at least the following:

- **Providing information**. The patient is responsible for providing, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health. The patient and family are responsible for reporting perceived risks in their care and unexpected changes in the patient's condition. The patient and family help the organization improve its understanding of the patient's environment by providing feedback about service needs and expectations.
- **Asking questions**. The patient is responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- **Following instructions**. The patient and family are responsible for following the care, service, or treatment plan developed. They should express any concerns they have about their ability to follow and comply with the proposed care plan or course of treatment. Every effort is made to adapt the plan to the patient's specific needs and limitations. When such adaptations to the treatment plan are not recommended, the patient and family are responsible for understanding the consequences of the treatment alternatives and not following the proposed course.
- **Accepting consequences**. The patient and family are responsible for the outcomes if they do not follow the care, service, or treatment plan.
- **Following rules and regulations**. The patient and family are responsible for following the organization's rules and regulations concerning patient care and conduct.
- **Showing respect and consideration**. Patients and families are responsible for being considerate of the organization's personnel and property.
- **Meeting financial commitments**. The patient and family are responsible for promptly meeting any financial obligation agreed to with the organization.

Patients are educated about their responsibilities during the admission, registration, or intake process and as needed thereafter.

The patient's family or surrogate decision-maker assumes the above responsibility for the patient if the patient has been found by his or her physician to be incapable of understanding these responsibilities, has been judged incompetent in accordance with law, or exhibits a communication barrier.

The organization informs each patient of his or her responsibilities either verbally, in writing or both, based on organization policy.

Patients are responsible for being considerate of other patients, helping control noise and disturbances, following smoking policies, and respecting others' property.

Management of Information

Standard
IM.1 The organization plans and designs information management processes to meet internal and external information needs.

Intent of IM.1
Organizations vary in size, complexity, governance, structure, decision-making processes, and resources. Information-management systems and processes vary accordingly. An information system consists of effective methodologies to maintain and process data. Although computer-based information is often referenced when considering information processing and management, it is understood that data also consist of written, pictorial, graphic, and spoken forms, for which information management systems are used to manage and continuously improve care and organizational processes.

The organization bases its information-management processes on a thorough analysis of internal and external information needs. The analysis ascertains the flow of information in an organization, including information storage and feed back mechanisms. The analysis considers what data and information are needed within and among departments, services or programs, the clinical staff, the administration, and governance structure, as well as information needed to support relationships with outside services, contractors, companies, and agencies. The organization bases management, staffing, and material resource allocations for information management on the scope and complexity of services provided. Leaders seek input from staff in information needs, selecting appropriate information technology, and integrating and using information systems to manage clinical and organizational information. Appropriate staff and leaders ensure that required data and information are provided efficiently for individual care, research, education, and management at every level.

The organization assesses its information management needs based on its

- mission;
- goals;
- services;
- personnel;
- mode(s) of service delivery;
- resources; ~~and~~
- access to affordable technology; and
- identification of barriers to effective communication among caregivers.

The organization also considers its information needs for

- licensing, accrediting, and regulatory bodies;
- purchasers, payers, and employers; and
- participation in national research and care databases.

This analysis guides development of processes for managing information used internally and externally.

When the organization assesses its overall information needs, it looks at the need for knowledge-based information. The organization's services, resources, and systems for knowledge-based information are based on a thorough needs assessment. The needs assessment for knowledge-based information addresses

- the needs of those who will use the information,
- accessibility and timeliness,
- links with the organization's internal information systems, and
- links with external databases and information networks.

Standard
IM.5 Transmission of data and information is timely and accurate.

Intent of IM.5
Internally and externally generated data and information are accurately transmitted to users. The integrity of data and information is maintained, and there is adequate communication between data users and suppliers. Specific attention is directed to the processes for ensuring accurate, timely, and complete verbal and written communication among care givers and all others involved in the utilization of data. The timing of transmission is appropriate to the data's intended use.

Standards
IM.7 *The organization defines, captures, analyzes, transforms, transmits, and reports patient-specific data and information related to care processes and outcomes.*

IM.7.1 The organization initiates and maintains a health or medical record for every individual assessed or treated.

IM.7.1.2 The retention time of medical record information is determined by the organization based on law and regulation, and on its use for patient care, legal, research, and educational activities.

IM.7.2 The medical record contains sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course and results, and promote continuity of care among health care providers.

Intent of IM.7 through IM.7.2
Information management processes provide for the use of patient-specific data and information to

- facilitate patient care;
- serve as a financial and legal record;
- aid in clinical research;
- support decision analysis; and
- guide professional and organization performance improvement.

To facilitate consistency and continuity in patient care, specific data and information are required.

Administrative and direct patient care providers produce and use this information for professional and organization improvement. Medical records contain sufficient information to

- identify the patient;
- support the diagnosis;
- justify the treatment;
- document the course and results; and
- facilitate continuity of care.

Each medical record contains, as applicable

a. the patient's name, gender, address, phone number, date of birth, and height and weight, and the name and phone number of any legally authorized representative;
b. legal status of patients receiving mental health services;
c. documentation and findings of assessments;
d. conclusions or impressions drawn from medical history and physical examination;
e. the diagnosis or diagnostic impression;
f. evidence of known advance directives;
g. evidence of informed consent for procedures and treatments when required by organization policy;
h. diagnostic and therapeutic orders;
i. all diagnostic and therapeutic procedures, tests, and results;
j. test results relevant to the management of the patient's condition; (**will need to redo lettering that follows**)
k. all operative and other invasive procedures;
l. progress notes made by authorized individuals, including the date, staff person, and care or service provided;
m. all reassessments;
n. consultation reports;
o. every medication prescribed;
p. every dose of medication administered, including the strength, dose or rate of administration, administration devices used, access site or route, known drug allergies, adverse drug reactions, and patient's response to medication;
q. all relevant diagnoses established during the course of care;
r. referrals or communications made to external or internal care providers and community agencies;
s. when appropriate and necessary, treatment summaries and other pertinent documents to promote continuity of care; and
t. documentation of clinical research interventions that is distinct from entries related to regular patient care.

To facilitate collaboration and continuity of care, clinical summaries of treatment received elsewhere are included in the medical record. Summaries may include

- follow-up instructions;

- postoperative reports from surgery;
- therapy progress notes from visiting nurses or specialty consultants; or
- progress reports from intermediate nursing facilities.

When appropriate, summaries of treatment and other documents provided by the organization are forwarded to other care providers.

Both historical data about specific patients and data about current encounters can be recalled. Recording and use of patient information is timely, accurate, secure, and confidential.

Standard
IM.8 The organization collects and aggregates data and information to support care and service delivery and operations.

Intent of IM.8
Certain types of data and information need to be accumulated over time to support the organization's clinical and management functions. The organization assesses its need for aggregated data and information and defines the types of required data and information. The information management function has the ability to collect and aggregate clinical and administrative data to support

- individual care and care delivery;
- decision making;
- management and operations;
- analysis of trends over time;
- performance comparisons over time within the organization and with other organizations; ~~and~~
- performance improvement; and
- reduction in risks to patients.

The organization is able to aggregate the data and information requirements specified in this manual, as well as identified indicator data for performance measurement.

Standard
IM.9 Knowledge-based information systems, resources, and services meet the organization's needs.

Intent of IM.9
Appropriate knowledge-based information is acquired, assembled, and transmitted to users. Knowledge-based information management consists of systems, resources, and services to

- help health professionals acquire and maintain the knowledge and skills they need to maintain and improve competence;
- support clinical and management decision making;
- support performance improvement and activities to reduce risk to patients;

- to provide needed information and education to individuals and families; and
- satisfy research-related needs.

Knowledge-based information refers to current authoritative print and nonprint information resources, including

- current periodicals, indexes, and abstracts in print or electronic format;
- other clinical and managerial literature;
- successful practices;
- practice guidelines
- research data;
- recent editions of texts and other resources;
- satellite television services; and
- on-line computer-linked information services via the Internet

All types of information do not have to be provided on site. An organization is not required to have a library located in its facility. Services may be shared with organizations or community resources as long as information is accessible to the organization's staff in a timely manner.

Management of Human Resources

Standard
HR.4 New staff orientation provides initial job training and information, and assesses capability to perform job responsibilities.

Intent of HR.4
Staff orientation promotes safe and effective job performance. Before assuming patient care or other responsibilities, new staff complete an orientation to familiarize them with their work environment and responsibilities. In this way, the process promotes safe and effective job performance. The orientation process emphasizes specific job-related aspects of patient safety. Staff members' capabilities to perform their job responsibilities are assessed during orientation. Students, residents, contracted personnel and volunteers also are oriented to patient care, safety, infection control, and any other activities that they must perform competently.

Standard
HR.4.1 Ongoing in-service or other education and training maintain and improve staff competence and support an interdisciplinary approach to patient care.

Intent of HR.4.1
Staff members participate in ongoing in-service or other education and training to increase their knowledge of specific work-related issues. Ongoing in-service and other education and training programs emphasize specific job-related aspects of patient safety. As appropriate, this training incorporates methods of team training to foster an interdisciplinary, collaborative approach to the delivery of patient care, and reinforces the need and way(s) to report medical/health care errors. The staff members' competence to perform job responsibilities, especially those

related to new procedures, techniques, technology, and equipment, is periodically assessed. Organizations provide ongoing in-service programs appropriate to the patients' ages and developmental needs.

Management of the Environment of Care

Standard
EC.4.1 The organization collects information about deficiencies and opportunities for improvement in the environment.

Intent of EC.4.1
The organization's leaders assign an individual to monitor and respond to conditions in the organization's environment. The individual:

a. directs ongoing, organization wide collection of information about deficiencies and opportunities for improvement in the environment of care;
b. co-ordinates the integration of environment of care monitoring and response activities into the organization-wide patient safety program.
c. reviews summaries of deficiencies, problems, failures, and user errors related to managing
    1. safety;
    2. security;
    3. hazardous materials and waste;
    4. emergency preparedness;
    5. life safety;
    6. medical equipment;
    7. utility systems; and
    8. other environmental considerations.
d. draws on other sources of information, such as published hazard or recall reports;
e. reports on findings, recommendations, actions taken, and results of measurement;
f. regularly participates in hazard surveillance and incident reporting; and
g. participates in the development of safety policies and procedures.

This individual reports on findings, recommendations, actions taken, and results of measurement.

Notes:

1. *Incidents involving patients may be reported to staff in quality assessment, improvement or other functions. However, at least a summary of incidents is shared with the individual appointed to direct the safety program.*
2. *The review of incident reports often requires that various legal processes be followed to preserve the confidentiality of information documented in the reports. Opportunities to improve care or to prevent future similar incidents are not lost as a result of the legal process followed.*

Standard
EC.4.2 The organization analyzes identified environment issues and develops recommendations for resolving them.

Intent of EC.4.2
Safety issues are analyzed in a timely manner. Recommendations are developed and approved. Safety issues are communicated to the leaders of the organization and individuals responsible for performance improvement activities, and when appropriate, to relevant components of the organization-wide patient safety program. Based on the ongoing monitoring of performance in each of the seven management areas, recommendations for one or more performance improvement activities are communicated at least annually to the organization's leaders.

Note:
The organization may communicate through a single source all safety related reports to the persons and organization components listed above. When indicated, specific information regarding improvement activities may be distributed to the department involved in addressing the identified issues.

A multidisciplinary process is established and followed for resolving environment of care issues involving representatives from clinical, administrative, and support services, when applicable, to resolve environmental issues in the organization.

Standard
EC.4.3 The organization works to implement recommendations to improve the environment and monitor the effectiveness of the recommendation's implementation.

Intent of EC.4.3
Appropriate staff participate in implementing recommendations and monitoring their effectiveness. Measurement guidelines are established by appropriate staff, and results of measurement are reported through appropriate channels, including the organization's leadership and (when appropriate) to relevant components of the organization-wide patient safety program.

FOOTNOTES

1. *Error. The failure of a planned action to be completed as intended or the use of the wrong plan to achieve an aim.*
2. *Sentinel Event. An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.*
3. *Near Miss. Used to describe any process variation which did not affect the outcome, but for which a recurrence carries a significant chance of a serious adverse outcome. Such a near miss falls within the scope of the definition of a sentinel event, but outside the scope of those sentinel*

events that are subject to review by the Joint Commission under its Sentinel Event Policy.

4. *Hazardous Condition. Any set of circumstances (exclusive of the disease or condition for which the resident is being treated) which significantly increases the likelihood of a serious adverse outcome.*